HAZARDOUS MATERIALS QUESTIONNAIRE

If the answer to any of the questions below is yes, applicant must contact the Fire Prevention Office, 100 Civic Center Drive, P.O. Box 1768, Newport Beach, CA  92658-8915. Telephone: (949) 644-3106.

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Contact Person</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Site Address</td>
<td>City</td>
<td>Zip</td>
</tr>
</tbody>
</table>

1. [ ] [ ] YES NO Will your business activity generate Hazardous Waste in any quantity, in any physical form (solid, liquid, gas)?

2. [ ] [ ] YES NO Will your business at any one time store, use or handle Hazardous Substances in quantities equal to or greater than 55 gallons, 500 pounds or 200 cubic feet of compressed gas?

3. [ ] [ ] YES NO Will your business store, use or handle Carcinogens or Human Reproductive Toxins in any amount?

4. [ ] [ ] YES NO Will your business use an existing or install an Underground Storage Tank for Hazardous Substances or Hazardous Wastes?

5. [ ] [ ] YES NO Will your business store, use or handle Acutely Hazardous Materials?

6. [ ] [ ] YES NO If your business will be handling Acutely Hazardous Materials, will your business be located within 1,000 feet from the outer boundary of a school?

Briefly describe the nature of the business activity: ____________________________________________________________
__________________________________________________________________________________________

Printed Name of Respondent: __________________________ Circle one: owner lessee agent

tenant architect engineer

I declare under penalty of perjury that to the best of my knowledge and belief the responses made herein are true and correct.

Signature of Respondent: __________________________ Date: __________________________

For NBFD-Fire Prevention Use Only

Reviewed By: __________________________ Date: __________________________

Business Plan Required

Plan Check No. __________________________

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